COMMONWEALTH OF MASSACHUSETTS
Office of the Comptroller
MMARS Security Request Form

Department Code: _____ **UAID:** _____

Last Name: _____ **First Name:** _____

Employee ID: _____ **Telephone:** _____ **Ext:** _____

Locality: _____ **E-Mail:** _____

Previous UAID: _____ (Please supply this UAID If the user has transferred from another Department)

AUTHORIZED SIGNATORY DESIGNATIONS

Add	Del		Add	Del	
☐	☐	ACCOUNTS PAYABLE	☐	☐	AUTHORIZED CHARGEBACK
☐	☐	ACCOUNTS RECEIVABLE	☐	☐	FISCAL - ALL FUNCTIONS
☐	☐	BUDGET	☐	☐	CREDIT CARDS
☐	☐	FIXED ASSETS	☐	☐	INTERFACE
☐	☐	PROCUREMENT	☐	☐	LCM ADJUSTMENTS
☐	☐	TRUST	☐	☐	LCM LABOR DEFAULT/EXCEPTIONS
☐	☐	VENDOR/CUSTOMER	☐	☐	LCM RULES
☐	☐	PAYROLL	☐	☐	LCM - ALL FUNCTIONS

MMARS SECURITY ROLES

Add	Del	
☐	☐	ALL SCAN DEPARTMENT **(DSCAN)**
☐	☐	ALL SCAN STATEWIDE **(DSCSW)**
☐	☐	ACCOUNTS PAYABLE USER **(DAPU)**
☐	☐	ACCOUNTS PAYABLE ADMINISTRATOR **(DAPA)**
☐	☐	ACCOUNTS RECEIVABLE USER **(DARU)**
☐	☐	ACCOUNTS RECEIVABLE ADMINISTRATOR **(DARA)**
☐	☐	BUDGET USER **(DBGU)**
☐	☐	BUDGET ADMINISTRATOR **(DBGA)**
☐	☐	FIXED ASSETS USER **(DFAU)**
☐	☐	FIXED ASSETS ADMINISTRATOR **(DFAA)**
☐	☐	PROCUREMENT USER **(DPROU)**
☐	☐	PROCUREMENT ADMINISTRATOR **(DPROA)**
☐	☐	TRUST USER **(DTRSU)**
☐	☐	TRUST ADMINISTRATOR **(DTRSA)**
☐	☐	VENDOR/CUSTOMER USER **(DVCU)**
☐	☐	VENDOR/CUSTOMER ADMINISTRATOR **(DVCA)**
☐	☐	AUTHORIZED CHARGEBACK ADMIN **(DACA)**
☐	☐	FISCAL ADMINISTRATOR - ALL FUNCTIONS **(DFISC)**
☐	☐	SECURITY OFFICER **(DSO)**

MMARS LCM-SPECIFIC

Add	Del	
☐	☐	SCAN ALL (Includes Labor History) **(LSCN)**
☐	☐	SCAN LIMITED (Does not include Labor History) **(LSCNL)**
☐	☐	ADJUSTMENTS USER **(LADJU)**
☐	☐	ADJUSTMENTS ADMINISTRATOR **(LADJA)**
☐	☐	LABOR DEFAULT/EXCEPTIONS USER **(LLDEU)**
☐	☐	LABOR DEFAULT/EXCEPTIONS ADMIN **(LLDEA)**
☐	☐	RULES USER **(LRULU)**
☐	☐	RULES ADMINISTRATOR **(LRULA)**
☐	☐	LCM ADMINISTRATOR - ALL FUNCTIONS **(LALLF)**

MMARS INTERFACE ROLE (*For Interface Dept. Only*)

Add	Del	
☐	☐	INTERFACE

Comments / Requests:

I certify that the Department Head has personally approved any requests for Administrator roles and Department Head Signature Authorization designations. This approval is maintained as part of Department Internal Controls.

Please send form to: **MMARS.SecurityRequest@MassMail.State.MA.US**

Version: 11/03/2004